

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-031059

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002 Registrar's No. 4442

STATE FILE NUMBER

FILED SEP 10 1962

## 1. PLACE OF DEATH

a. COUNTY **Jackson**b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN **Kansas City**Length of stay in 1b  
**10 Days**c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION **VA Hospital**Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY **Cass**c. CITY  
OR  
TOWN **Pleasant Hill**Inside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS (If outside, give location)  
**518 N. Randolph**Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First **EMMETT** Middle **C** Last **HOPPER**4. DATE OF DEATH  
Month **August** Day **27** Year **1962**5. SEX  
**Male**6. COLOR OR RACE  
**White**7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
**10-18-99**9. AGE (last birthday)  
**62**IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
**Labor**10b. KIND OF BUSINESS OR INDUSTRY  
**R.B. Rice Sausage**11. BIRTHPLACE (City and state or country)  
**Lone Jack, Missouri**12. CITIZEN OF WHAT COUNTRY  
**USA**

## 13a. FATHER'S NAME

**Henderson Hopper**

## 13b. MOTHER'S MAIDEN NAME

**Harriett Howard**

## 14. NAME OF HUSBAND OR WIFE

**Maudie Hopper**15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
**Yes WWII**

## 17. INFORMANT

**VA Hospital Records**18. CAUSE OF DEATH (Enter only one cause per line for  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

**Cardiac Arrest.**INTERVAL BETWEEN  
ONSET AND DEATHConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

**Myocardial infarction.**

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY  
Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. VA attended the deceased from **August 17, 1962** to **August 27, 1962**Death occurred at **3:10 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

**Ralph Gaylord**

## 22b. ADDRESS

**VA Hospital, Kansas City, Mo.**

## 22c. DATE SIGNED

**8-27-62**23a. BURIAL, CREMATION,  
REMOVAL (Specify)  
**Burial**23b. DATE  
**8-30-62**23c. NAME OF CEMETERY OR CREMATORY  
**Pleasant Hill**23d. LOCATION (City, town, or county)  
**Pleasant Hill Missouri**

(State)

## 24. FUNERAL DIRECTOR

## ADDRESS

**Wallace Funeral Home Pleasant Hill Mo.**

## 25. DATE RECD. BY LOCAL REG.

**8-28-62**

## 26. REGISTRAR'S SIGNATURE

**Ruth Long**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Ralph Gaylord  
Registrar

VS SEP 10 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *James C. Warren*

Licensed Embalmer No. 3921

P. O. Address Pleasant Hill Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.